

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/	<del>/</del>	<del>/</del>		
8		/	<del>/</del>	<del>/</del>		
9		/		/		
10		/		/		
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12	/		<del>/</del>	<del>/</del>		
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TOTAL IND.	2	↓	31	↓		↓
TOTAL DEP.	16	←	21	←		←
TOTAL CLAIMS	18		25			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS